

# 2010/2011 DWI Programmatic Review – Services for Non-English Speaking Clients



## State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services

Accountability Team – Assurance Unit

<b>Date:</b> _____	<b>Facility Code:</b> _____	<b>County:</b> _____
<b>Provider Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
(1). Our agency assesses and / or provides Treatment Services for Non-English speaking offenders / clients. YES _____ NO _____		
(2). Our agency has contacted DWI Services to inform them of intent to provide assessments and or treatment services for non-English speaking clients. YES _____ NO _____		
(3). Our agency utilizes Interpreters or bi-lingual staff for services to non-English speaking clients. YES _____ NO _____ If YES, check one:    Interpreters _____    Bi-lingual Staff _____		
(4). Our agency utilizes Certified Interpreters for services to non-English speaking clients. YES _____ NO _____ If YES, check one:    Interpreters _____    Bi-lingual Staff _____		
(5). Our staff is qualified to provide services and is fluent in the language of the target audience. YES _____ NO _____		
(6). Our agency is in full compliance with Mental Health Rule 10 A NCAC 27 G .3816 SERVICES FOR NON-ENGLISH SPEAKING OFFENDERS / CLIENTS. YES _____ NO _____		
(7). Agency will notify DWI Services of any and all changes to the above listed or attached information. YES _____ NO _____		
List name, qualifications/credentials from NCSAPPB and (language) fluency status for all staff members providing DWI Services to non-English speaking clients. 1. _____ 2. _____		
<b>COMMENTS:</b> _____		
Print Name: _____		Title: _____
Signature: _____		Date: _____
Reviewer: _____		Date: _____

This Certification Form shall be submitted to Justice Systems Innovation and becomes part of your authorization documentation.